



Inter-University Registration Form

Please print clearly or enter fields electronically to ensure accurate entry

The Inter-University program allows Saint Louis University students to take coursework at other institutions and have that coursework appear on their SLU transcript and have the grade calculate into their SLU GPA. Please visit registrar.slu.edu for more information

University Registrar
1 Grand Boulevard
DuBourg Hall, Room 22
Saint Louis, MO 63103
Phone: (314) 977 2269
Fax: (314) 977 3447
E-mail registrar@slu.edu

**SAINT LOUIS
UNIVERSITY**

Student Information

Name: _____
Last Name First Name Middle Initial

Student ID: _____ Birth Date: _____
Month Day Year

Local Address: _____

City: _____ State: ____ Zip Code: _____

Phone: _____ E-Mail: _____@_____

U.S Citizen: Yes No If no, Please indicate your Visa Type: _____

Term and Institution Information

Registration Term: Fall Spring Summer _____

Destination Institution: _____
Institution at which you will be taking the course listed below

Course Information

Dept./Subj. Description: _____

Dept./Subj. Code/#: _____ Course Number: _____ Section Number: _____

Credit Hours: _____ Grade Mode: _____ Course Level: _____

Course Title: _____

Instructor's Signature _____
Instructor's Signature from Destination Institution

Student Signature:

Student Signature _____ Date: _____

Completed by Saint Louis University

I certify that the above student is a full-time regularly enrolled student and may enroll for the above course.

Dean's Office Signature _____ Date: _____

Registrar's Office Signature _____ Date: _____

Form Sent to: _____ Fax / E-mail / Hard Mail On _____
Recipient's Name Date

Saint Louis University Office of the University Registrar Use Only

Course Information: _____ Final Grade: _____